



Instructions

The instructions presented in this document shall be followed by all Third Party Contractors regarding the Nonconformance Report (NCR). This report is used to identify deficiencies in the quality of materials, work or services being performed. When a nonconformance is reported, a corrective action plan shall be developed and implemented to prevent reoccurrence of the nonconformance. Nonconformances may be identified and reported by either Metra or the Third Party Contractor.

Corrective action planned for a nonconformance must be approved by Metra prior to implementation. The Third Party Contractor shall confirm that the corrective action has been taken. Either Metra or the Third Party Contractor's QA representative may verify the corrective action, and close the NCR. The NCR shall not be closed until the corrective action has been implemented and has been proven effective in preventing reoccurrences of the nonconformance.

Metra will select the "Use As Is", "Repair", "Rework", "Scrap" or "Other" check box when reviewing the corrective action for approval.

If an Alternate Corrective Action is proposed by the Recipient, the Recipient must receive approval for this Alternate Corrective Action, via email, from the Issuer and attach that approval to the Nonconformance Report.

Copies of all NCR(s) issued shall be submitted to the Metra Project Manager once closed. NCR(s) shall be turned over to Metra as a part of project closeout. All documents shall be scanned, copied to a CD or thumb drive and submitted to Metra electronically.

Third Party Contractors shall insert their own company logo in place of the Metra logo in the upper left-hand corner of the form.

This form, and any associated documentation, shall be turned over to Metra as a part of project closeout. All documents shall be scanned, copied to a CD or thumb drive and submitted to Metra electronically.

Follow the directions on the subsequent pages for entering data into the NCR.

Notes:

1. To insert the Third Party logo, go to Page Setup in MS-Excel, click on the Custom Header button under the Header/Footer Tab, use the Insert Picture button and Format Picture button to insert and size the new logo in the Left Section of the Header.
2. The Nonconformance Report is a one (1) page form. Additional sheets may be attached to the Nonconformance Report, if necessary, to further describe the deficiency, corrective action, etc. Any additional sheets attached to the Nonconformance Report shall clearly identify the Project name, Metra Project number, Contract number and Task number (if applicable).
3. Evidence of the nonconformance and the corrective/preventive action are to be attached to the NCR prior to closure.
4. The general layout of the form has been established by Metra and shall not be altered by the Third Party Contractor.



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Notes	Description
Note 1	Enter the Project Name.
Note 2	Enter the Contract number.
Note 3	Enter the Metra Project number.
Note 4	Enter the Task number, if applicable.
Note 5	Enter the Nonconformance Report #. This is a sequential number (Ex. 1, 2, 3, etc). The Construction Management/Design Consultant controls the nonconformance log; therefore the Construction Management/Design Consultant controls the NCR # sequence. Metra's Construction Manager will provide this number to the Construction Contractor.
Note 6	Enter the date that the NCR is being issued.
Note 7	Identify the NCR Recipient (company name, contact name and title, and address).
Note 8	Identify the NCR Issuer (company name, contact name and title, and address).
Note 9	Enter the location of the nonconformance.
Note 10	Enter the TPCQMP Element(s) that the nonconformance applies to.
Note 11	Enter a description of the nonconformance/deficiency being reported.
Note 12	Check boxes indicating whether the proposed corrective action is being used as is, repaired, reworked, or scrapped. [Issuer will select the check box when reviewing the corrective action for approval. The Recipient is not required to complete this item.]
Note 13	Enter the proposed corrective action.
Note 14	Provide an electronic signature approving the proposed corrective action. [Issuer will sign. The Recipient is not required to complete this item.]
Note 15	Provide a department head electronic signature approving the proposed corrective action only when the 'Use As Is' action is used. [Issuer Dept. Head will sign. The Recipient is not required to complete this item.]
Note 16	Enter the due date that the corrective action will be taken by the Recipient. [Issuer will enter date. The Recipient is not required to complete this item.]
Note 17	Enter the root cause of the nonconformance/deficiency. [Recipient to complete this item.]
Note 18	Check box to accept the proposed corrective action. [Recipient to complete this item.]
Note 19	Provide recipient electronic signature accepting the proposed corrective action.
Note 20	Enter the date when the proposed corrective action was accepted.
Note 21	Check box to accept the alternate corrective action. [Recipient to complete this item.]
Note 22	Enter the alternate corrective/preventive action taken. [Recipient to complete this item.]



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Note 23	Provide recipient signature accepting the alternate corrective action.
Note 24	Enter any corrective/preventive action comments. [Issuer will enter. The Recipient is not required to complete this item.]
Note 25	Provide a signature confirming nonconformance is complete. [Issuer will sign. The Recipient is not required to complete this item.]
Note 26	Provide a department head signature confirming nonconformance is complete. [Issuer Dept. Head will sign. The Recipient is not required to complete this item.]
Note 27	Enter the date the nonconformance was closed. [Issuer will enter. The Recipient is not required to complete this item.]

INSTRUCTIONS



Nonconformance Report

Project Name: Note 1		
Contract #: Note 2	Project #: Note 3	Task #: Note 4
No payment will be authorized for processes, materials or work found to be deficient, or in nonconformance with the contract until corrective action(s) have been submitted, approved, implemented and verified as effective in preventing reoccurrence.		
NCR #: Note 5		Date of Issue: Note 6
Recipient: Company Name Name & Title Note 7 Street Address City, State, Zip	Issuer: Company Name Name & Title Note 8 Street Address City, State, Zip	
Nonconformance Location:		
Note 9		
Nonconformance & Root Cause		
Nonconformance: (Deficiency of Element(s) #) Note 10		
Note 11		
Proposed Corrective Action: <input type="checkbox"/> Use As Is <input type="checkbox"/> Repair <input type="checkbox"/> Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Other Note 12		
Note 13		
Note 14 _____	Note 15 _____	Note 16 _____
(Proposed Action By) Issuer Signature	Issuer Dept. Head Signature (Use As Is Only)	Corrective Action Due Date
Root Cause (by Recipient)		
Note 17		
<input type="checkbox"/> Proposed Corrective Action Accepted Note 18		
Note 19 _____	Note 20 _____	
Recipient Signature	Acceptance Date	
<input type="checkbox"/> Alternate Corrective Action Accepted (Attach Copy of Issuer Approval) Note 21		
Alternative Corrective/Preventive Action Taken:		
Note 22		
Note 23 _____		
Recipient Signature		
Corrective/Preventive Action Verified / Comments:		
Note 24		
Note 25 _____	Note 26 _____	Note 27 _____
Issuer Approval Signature	Issuer Dept. Head Approval Signature	Date of Closure